



CLIENT REFERRAL FORM

for furniture and household goods

Agency Name & Address
Agency Contact / Client Support Worker Dept / Team
Agency Contact / Client Support Worker Telephone & Email
Client Name
Client Tel no
Client address including postcode
Reason for referring this person to Preen CIC?
What furniture and/or household appliances does your client need? NOTE: If your organisation would like to be invoiced rather than pay on purchase, a letter of authority or purchase order MUST accompany this referral (NB: <u>Strict payment terms 14 days from invoice date</u>).
Did your client apply for a grant or loan from Local Welfare Provision? Yes / No
Number of people being helped by Preen – how many people are in your client's household? Adults (number) No of Children (under 16) Adult children (16+ years)
Date of Referral

Reuse it. Donate it.
0844 99 343 99
reusematters.com

Preen CIC - a Community Interest Company Limited by Guarantee. Registered Number: 6272838.
Registered Office: Unit 2 Shortmead Industrial Estate, Sun Street, Biggleswade, Beds SG18 0BP



Equal Opportunities Monitoring

In order to help us monitor the effectiveness of our equal opportunities policy, could you complete the following with regards to the person you are referring please? The more information we gather, the better we can monitor our policies and procedures. However, if you do not wish to answer any section then leave that section blank. As these forms are anonymous please do not write any name or personal details anywhere on the form.

Ethnic Group – please tick appropriate box

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A White
<input type="checkbox"/> British
<input type="checkbox"/> Irish
<input type="checkbox"/> Any other White background | B Mixed
<input type="checkbox"/> White & Black Caribbean
<input type="checkbox"/> White & Black African
<input type="checkbox"/> White & Asian
<input type="checkbox"/> Any other mixed background | C Asian or Asian British
<input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Any other Asian background |
| D Black or Black British
<input type="checkbox"/> Caribbean
<input type="checkbox"/> African
<input type="checkbox"/> Any other Black background | E Chinese
<input type="checkbox"/> Chinese | F Not Listed
<input type="checkbox"/> Not Listed (please state)
_____ |

Age

- | | | |
|----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> 16 – 25 | <input type="checkbox"/> 26 – 35 | <input type="checkbox"/> 36 – 45 |
| <input type="checkbox"/> 46 – 55 | <input type="checkbox"/> 56 – 65 | <input type="checkbox"/> 66 + |

Religion or Belief

- | | | |
|----------------------------------|--------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Atheist | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Jewish | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Sikh | <input type="checkbox"/> No religion | <input type="checkbox"/> Not Listed (please state)
_____ |

Gender – Please state

Disability – does your client consider themselves disabled?

- Yes
 No

Benefits – please tick the appropriate benefits and/or allowances your client receives

- | | | |
|-------------------------------------------|----------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Child Tax Credit | <input type="checkbox"/> Council Tax Benefit | <input type="checkbox"/> Employment Support Allowance |
| <input type="checkbox"/> Housing Benefit | <input type="checkbox"/> Income Support | <input type="checkbox"/> Job Seekers Allowance |
| <input type="checkbox"/> Pension Credit | <input type="checkbox"/> Universal Credit | <input type="checkbox"/> Working Tax Credit |